COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER 30488-1016

☐ YES

☐ YES

☐ YES

☐ YES

□ NO

□ NO

□ NO

☐ NO

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As a below named inventor, I (we) hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SHOCK-RESISTANT & ENVIRONMENTALLY SEALED CONTAINER the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No. on and was amended ____ (if applicable) T was filed as PCT international application Number _____ and was amended under PCT Article 19 (if applicable) thereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. Tacknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 or §356 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: PRIORITY CLAIMED COUNTRY APPLICATION NUMBER DATE OF FILING **UNDER 35 USC 119** (if PCT, indicate "PCT") (day, month, year) ☐ YES □ NO ☐ YES ☐ NO

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER 30488-1016

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	date of this application	on:	ilable between the filing date of the p	application	on(s) and the national or	PC1 international	
PRIC	OR U.S. APPLICAT	IONS OR PCT INTERNATIONAL APPLIC	CATIONS DESIGNATING THE U.	.s. FOR BEN	EFIT UNDER 35 U.S.	C. 120:	
U.S. APPLICATIONS					STATUS (Check one)		
U.S. APPLICATION NUMBER		BER U.S. FILI	U.S. FILING DATE		ED PENDING	ABANDONED	
		PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.		D. PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)				
						<u></u>	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all Eusiness in the Patent and Trademark Office connected therewith: MITCHELL P. BROOK, Reg. No. 32,967, DAVID I. ROCHE, Reg. No. 30,767, ANTOINETTE F. KONSKI, Reg. No. 34,202, JOHN G. FLAIM, Reg. No. 37,323, and PETER R. MARTINEZ, Reg. No. 42,845, all attorneys with the firm of MAKER & McKENZIE, which has an office address at 101 West Broadway, San Diego, CA 92101-3890.							
Send Correspondence to: Mitchell P. Brook, Esq.					Direct Telephone Calls to: (name and telephone number)		
		. Brook, Esq. : McKENZIE		,			
	San Hiago (A. U/IIII_4XVII				Mitchell P. Brook (619) 236-1441		
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	1	SECOND GIVEN NAME D.		
		ARNETT	Jeffery				
	RESIDENCE & CITIZENSHIP	CITY Fallbrook	STATE OR FOREIGN COUNTRY California	II	COUNTRY OF CITIZENSHIP USA		
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2 0 2	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		OND GIVEN NAME		
	INVENTOR	THOMAS	Matthew	P	P		
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6914 Hoffman Avenue	enue La Mesa		STATE & ZIP CODE/COUNTRY California, 91941 USA		
			_				
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheets(s) attached hereto.							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201 John John John John John John John John							
DATE	10/10/00		DATE 10/10/	10/10/00			



Additional Inventors



ATTORNEY DOCKET NUMBER Combined Declaration For Patent Application and Power of Attorney (Continued) 30488-1016 (Includes Reference to PCT International Applications) FULL NAME OF INVENTOR FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME 2 0 UKE Alan 3 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY RESIDENCE & California Del Mar USA CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE 355 14th Street Del Mar California 92014 USA ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF** 2 INVENTOR 0 CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 4 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF INVENTOR CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 204 DATE SIGNATURE OF INVENTOR 205 SIGNATURE OF INVENTOR 206

DATE

DATE